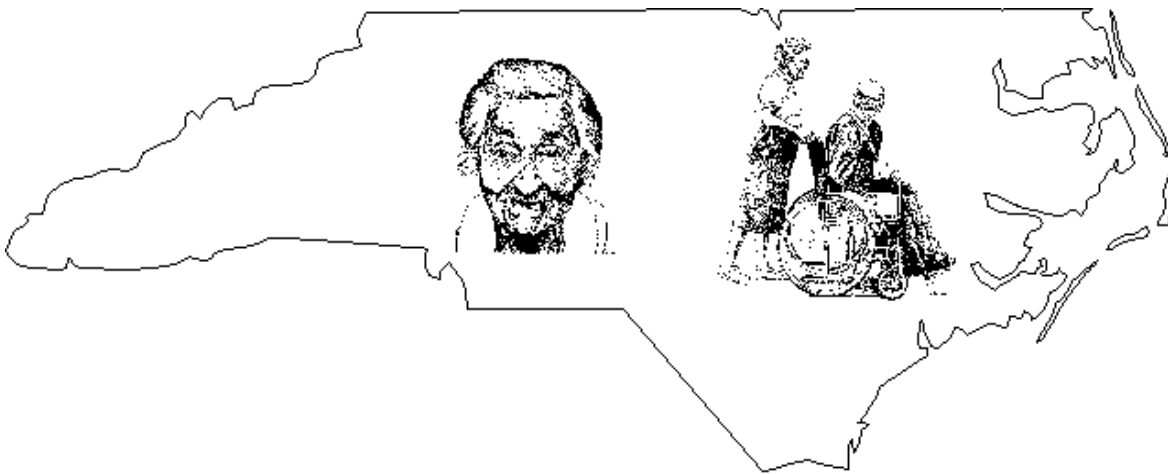


Protecting the Disabled & Elderly: Report of the North Carolina Adult Protective Services Register



**July 2000 - June 2001
Department of Health and Human Services
Division of Social Services
2002**

PREFACE

North Carolina has been providing protective services to adults through its one hundred county departments of social services since 1975. This was one of the nation's first initiatives to recognize the needs of older and disabled adults who had been abused, neglected, and exploited and to develop a protective services program to address their needs. North Carolina's Adult Protective Services statute provides for services to all adults who are incapacitated by a physical or mental disability. It authorizes the county departments of social services (DSS) to evaluate a disabled adult's need for protective services and to provide or arrange for services when necessary.

The mistreatment of elderly and disabled adults is not a new problem, however there has been an increased demand for Adult Protective Services (APS) in North Carolina since the mid 1980's. Several factors have contributed to this need for service. The nationwide growth in the elderly population combined with the popularity of North Carolina as a retirement state resulted in a 7% increase in the state's elderly population between 1989 and 1993. By 1996, over 13% of North Carolina's population were age 65 or older and over half of them live in rural areas of the state. While most elderly individuals do not need Adult Protective Services, the small percentage that do have increased as the state's elderly population has grown. Another factor which has contributed to the need for this service is the number of individuals who are living longer, experiencing a serious decline in mental or physical functioning, and have not anticipated nor planned for their care under such circumstances. These individuals are more vulnerable to abuse, neglect, or exploitation.

Younger disabled adults are also mistreated. As increasing numbers of these disabled adults are cared for in community-based settings, the visibility brought about by community care has increased the reporting of abuse, neglect, and exploitation.

The public's awareness of mistreatment of adults has also been heightened by the distribution of booklets and brochures on elder abuse, which are produced by the Division of Social Services. Collaborative efforts to educate the public, professionals and paraprofessionals have also taken place between the aging and the social services systems. These activities are supported by funding made available to the Division of Aging through Title VII of the Older Americans Act.

The development of the Adult Protective Service Register (APS-R) grew out of the necessity to know more about the increasing numbers of older and disabled adults being reported to protective services, the nature and causes of the mistreatment they had experienced, and the interventions needed to prevent or remedy the mistreatment. Prior to the development of this data collection system, the Division of Social Services did not have the capacity to thoroughly gather statistical information regarding Adult Protective Services reports made to the county departments of social services.

The APS-R provides statewide data for the Division of Social Services' use in long range planning, and provides county departments of social services with program management information such as the number of disabled adults needing APS, the types of mistreatment these adults have experienced, the length of time

necessary to complete an evaluation of the need for protection, and the services needed by these disabled adults. Data is entered on-line in each county. The data specific to the APS evaluation and service plan is merged with individual client data contained in the Division's Services Information System (SIS) to provide the information contained in the APS-R. Reports are generated by the system on a monthly basis and are available electronically to the Division and to the one hundred county departments of social services.

The data in this report was collected between July 1, 2000 and June 30, 2001. It is aggregated statistical information about the adults who received Adult Protective Services and the delivery of those services. Specific client information is confidential and is not available to the public through this report or any other source.

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INTRODUCTION

The North Carolina Division of Social Services Adult Protective Services Register (APS-R) generates the information in this report. This report has been produced to disseminate information contained in the APS-R statewide, and to promote a better understanding of the problems of abuse, neglect, and exploitation of disabled adults in North Carolina. Demographic information about the victims of mistreatment, the types of mistreatment reported and found, factors which may contribute to the mistreatment, and services needed by victims are contained in this report.

Historically, the Division relied upon client demographic statistics generated by the Services Information System (SIS) as an estimate of the number of Adult Protective Services (APS) evaluations completed each year. Until the development of the APS-R, this was the only system available to the Division for obtaining this statistical information. The SIS data did not provide information describing the results of APS evaluations or the needs of disabled adults needing protective services.

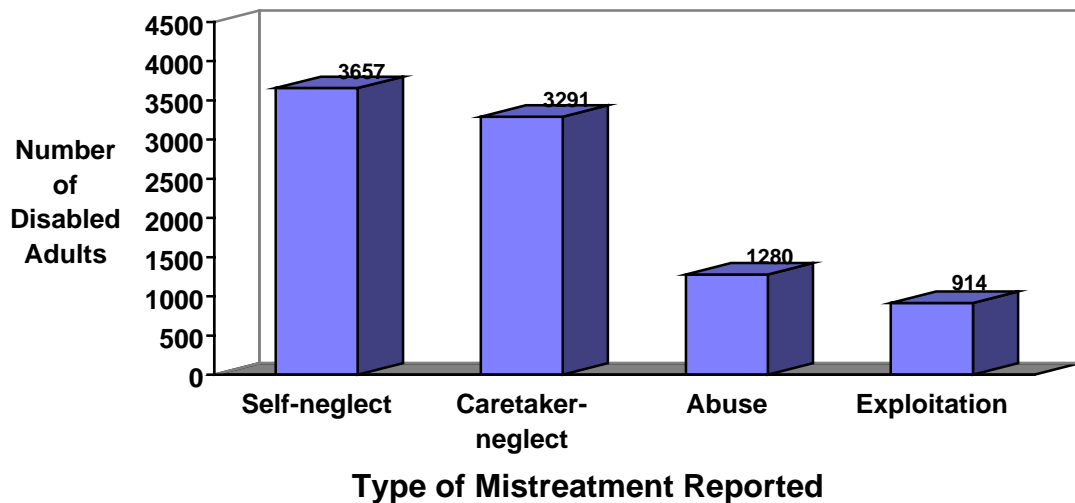
In its seventh full year of operation, the APS-R represents the cases being handled by all 100 county departments of social services. The figures used in the Report came from an interface of the service information reported to the APS-R and demographic data contained in SIS.

This document is divided into two sections - "Demographics of Adult Protective Services Clients" and "Findings". The information can be used locally as well as statewide for planning, community education, and advocacy.

SECTION I

DEMOGRAPHICS OF ADULT PROTECTIVE SERVICES CLIENTS

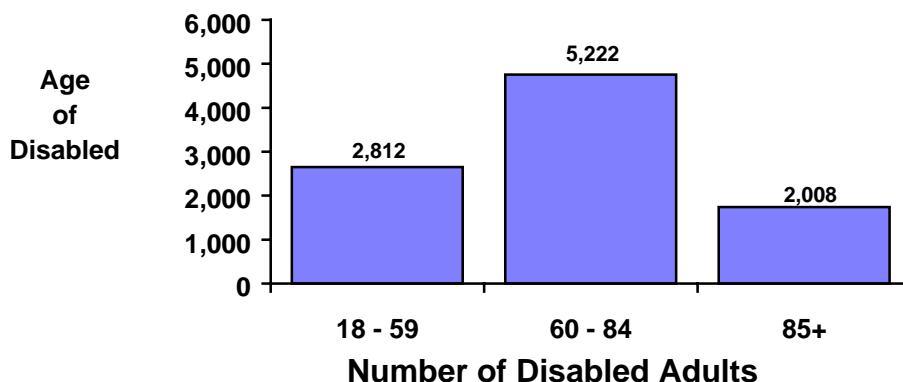
County departments of social services provided Adult Protective Services (APS) to 9,142 disabled adults in fiscal year 2000-2001. The initial allegations of mistreatment of these adults were as follows: 40% (3,657) “self neglect”, 36% (3,291) “caretaker neglect”, 14% (1,280) “abuse”, and 10% (914) “exploitation”. Historically, self neglect has been the most frequently reported form of mistreatment in North Carolina. Earlier studies in this and other states place the estimates of self neglect in a range from 49-79% of all reported situations.*



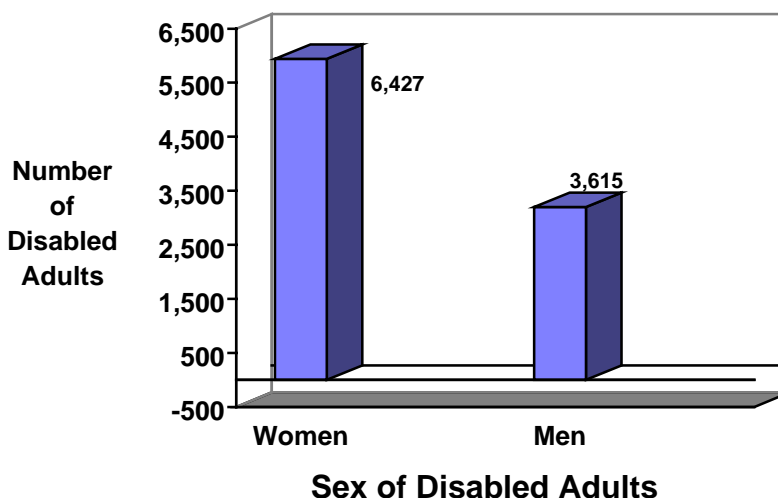
Mrs. J is an example of a self neglect report received by county departments of social services (DSS). She is an 80-year old woman living alone in the home she and her husband bought many years ago. Her children are grown and do not live nearby, and her husband is deceased. Several years ago Mrs. J fell and broke her hip. She was hospitalized, received rehabilitation services and successfully returned home to live independently. Once active in her church, she began to be absent from Sunday services. A friend who visited Mrs. J regularly noticed some other changes as well. Mrs. J had difficulty coming to the door, she appeared to be losing weight, her clothing was sometimes wrinkled or mismatched and, she could not clearly recall what she had eaten for breakfast or lunch or whether she had taken her blood pressure medication. Mrs. J insisted that she was doing fine and did not want to talk to her children about these changes. Mrs. J's friend became very concerned after a visit when Mrs. J did not answer the door. Since the door was unlocked, she opened it and saw Mrs. J sitting in her chair and unable to get up. Mrs. J still did not want to bother anyone, but her friend was so concerned that she called DSS to see if there was a way to help Mrs. J.

* North Carolina Division of Social Services Elder Abuse Prevention Project, 1986-1989; National Association of Adult Protective Services Administrators National Study of Self-Neglecting Adult Protective Services Clients, 1991.

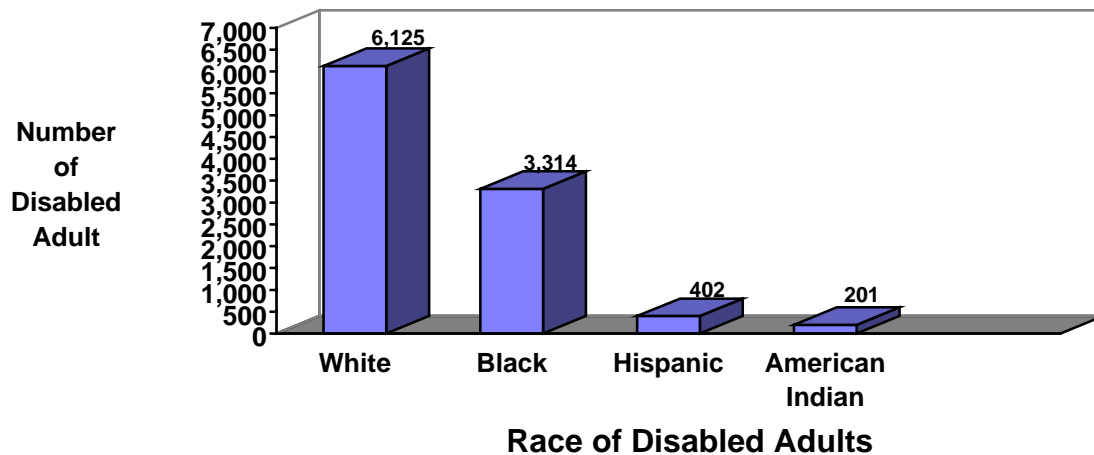
Of the total APS cases (9,142), disabled adults aged 18-59 made up 29% (2,651). Disabled adults aged 60-84 accounted for 52% (4,754) of the total and the remaining 19% (1,737) were 85 years and older. The “older adult” (aged 60+) group represented 71% (6,491) of the total reports.



More women than men were reported to county departments of social services as needing Adult Protective Services. Women comprised 65% (5,942) of the adults receiving this service and men comprised 35% (3,200). The larger percentage of women is most likely due to the fact that elderly adults are more frequently reported to county departments of social services and women make up a larger portion (61%) of the elderly population in North Carolina.

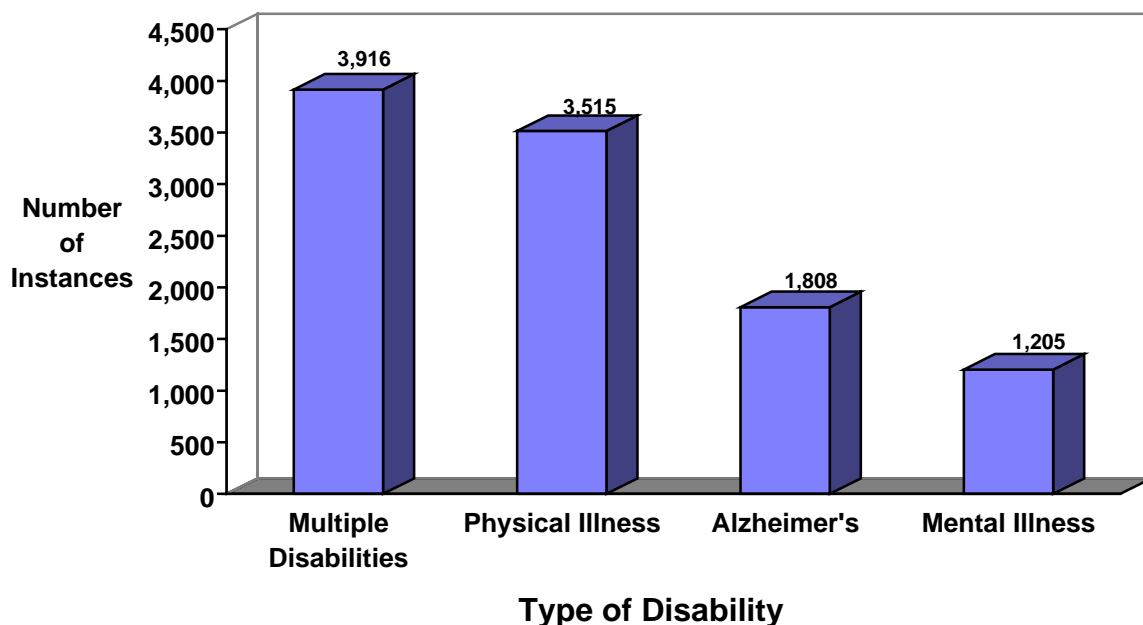


Of the total number of disabled adults who received APS, 61% (5,577) were White, 33% (3,017) were Black, 4% (365) were Hispanic, and 2% (183) were American Indian.



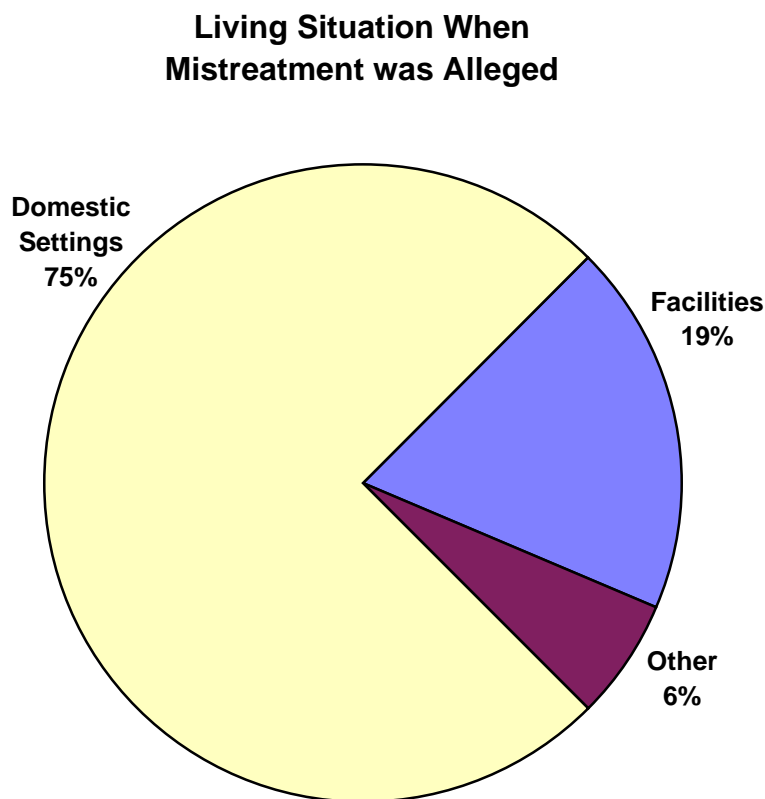
Data was collected indicating the physical and mental disabilities of those individuals receiving Adult Protective Services. Of the 9,142 adults seen by a social worker, 97% (8,868) were assessed as being disabled. Of the ten categories used to describe the disabilities assessed by social workers, those identified most frequently were multiple disabilities, physical illness, Alzheimer's, and mental illness.

Social workers could identify up to three (3) disabilities for each disabled adult. The largest single category, "multiple disabilities", was identified in 3,459 (39%) instances. "Multiple disabilities" includes any combination of physical illness, developmental disability, mental or emotional illness, or other disabling condition. Physical illness was identified in 3,370 (38%) instances, Alzheimer's and related disorders accounted for 1,596 (18%) instances, and the category of mental illness was identified 1,153 (13%) times.



Of the 9,142 disabled adults receiving APS from county departments of social services, 75% (6,857) were living in a domestic setting at the time mistreatment was alleged. Of these 6,856 adults, over half or 58% (3,976) lived with family and 42% (2,880) lived alone.

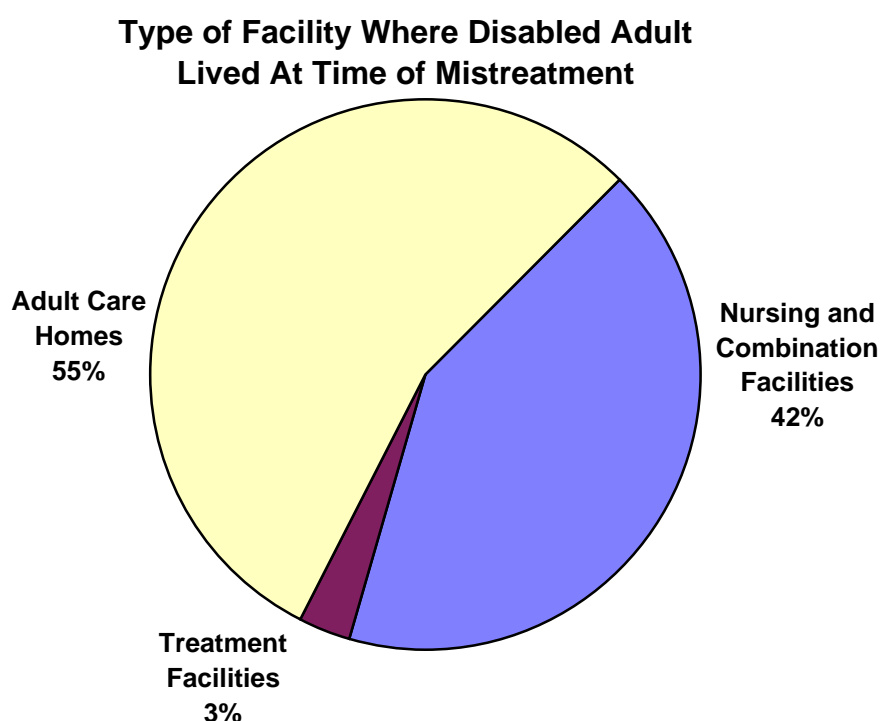
Individuals living in facilities at the time mistreatment was alleged comprised 20% (1,828) of the total number of disabled adults receiving APS. Facilities included nursing and combination facilities, Adult Care Homes (Homes for the Aged, and Family Care Homes), Group Homes for Developmentally Disabled Adults (DDA Homes), and treatment/rehabilitation facilities.



The remaining 5% (457) of disabled adults were found in "Other" living situations which included jail, lockup, detention, maternity homes, shelters for the homeless, and battered women's shelters.

The total number of disabled adults alleged to be mistreated while living in facilities was 1,828. Of these, 731 (40%) lived in nursing and combination facilities, 822 (45%) lived in adult care homes, 238 (13%) lived in DDA Homes, and 37 (2%) were living in facilities for the treatment of mental illness, developmental disabilities and substance abuse.

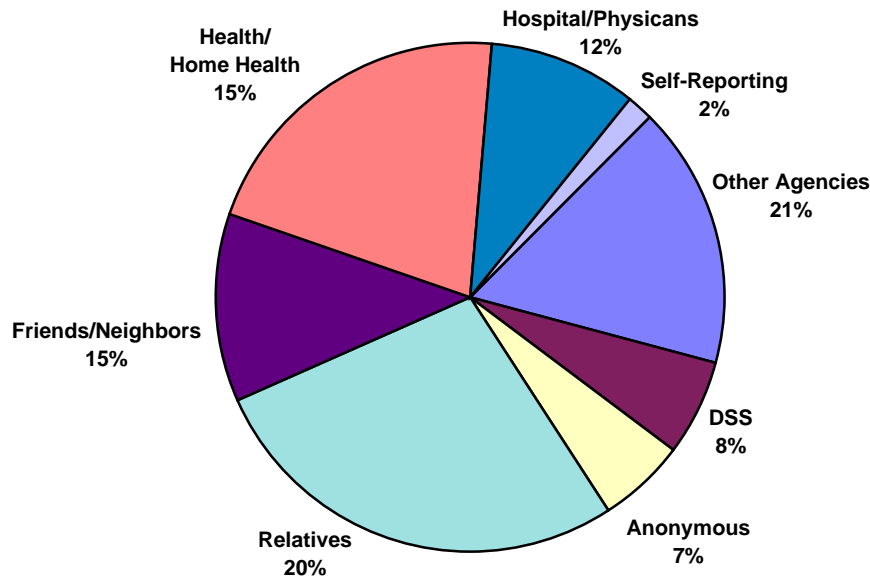
Overall, the total number of reports of disabled adults living in facilities did not change from the previous year's report.* The number of reports regarding adults living in nursing facilities decreased from 42% in FY 99-00 to 40% of the total number of disabled adults living in facilities in FY 00-01. The number of reports concerning disabled adults living in adult care homes and DDA Homes increased from 55% in FY 99-00 to 58% in FY 00-01. The number of reports of adults living in facilities for the treatment of mental illness, developmental disabilities and substance abuse decreased from 3% in FY 99-00 to 2% of the total in FY 00-01.



*North Carolina Adult Protective Services Register Report: July 1999 - June 2000.

Information collected on the types of individuals who reported the need for protective services indicated that relatives or friends/neighbors of a disabled adult were most likely to contact the county department of social services. This group made up 34% (3,108) of the APS reports. A relative was the source of the report for 20% (1,828) of the disabled adults.

Source of Adult Protective Services Report



Friends/neighbors reported another 14% (1,280) of the disabled adults. Professionals and paraprofessionals in health care fields made up another 26% (2,377) of the reporters, with health departments and home health agency staff reporting 13% (1,189) and hospitals/ physicians reporting 13% (1,188) of the disabled adults. Staff within county departments of social services made 9% (823) of all reports. Reports may be made anonymously to county departments of social services, and these accounted for another 8% (731) of all disabled adults reported to be in need of APS. The disabled adult was the reporter in only 2% (183) of the cases. The remaining 21% (1,920) of the reports were made by a variety of other agencies such as mental health, law enforcement, aging, nursing facilities, adult care homes and other specialized service providers.

SECTION II

FINDINGS

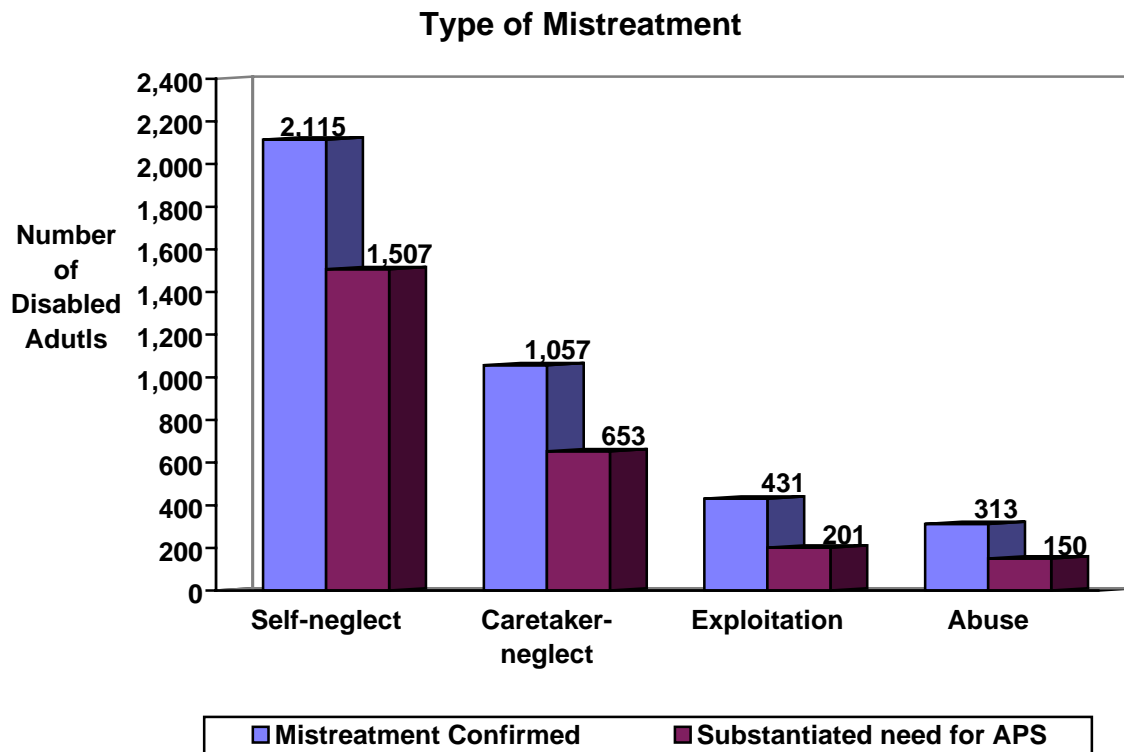
County departments of social services are required to complete a prompt and thorough evaluation following reported allegations of the need for Adult Protective Services. Reports must be responded to within time frames ranging from immediately to 72 hours, depending on the circumstances alleged in the report. The majority of cases reported to county departments of social services do not require an immediate response, however, 74% (6,765) of all adults in need of APS were seen by a social worker within 24 hours of the report. Over one third or 39% (3,565) of all adults were seen on the same day in which the report was received by the DSS.

During the evaluation, information is gathered to assist the county department of social services in determining whether the adult is disabled; has been abused, neglected or exploited; and is in need of protective services (which means there is no one able, willing and responsible to protect the adult). In addition, the DSS must determine what services the disabled adult needs in order to be protected. These evaluations, on average, took 23 days to complete. Evaluating situations of alleged abuse took an average of 19 days, neglect took an average of 20 days, and evaluations involving allegations of exploitation took an average of 31 days to complete.

Social workers do not always find all of the allegations of a report to be true. The adult might not be disabled, mistreatment may not have taken place, or there may not be a need for protective services intervention. Two terms which must be understood as they relate to Adult Protective Services case findings are “confirmed” and “substantiated.” When mistreatment is confirmed, this simply means that abuse, neglect, or exploitation was found by the social worker or that information is available to “confirm” that one of these forms of mistreatment took place. The term substantiate is used to refer to an APS situation where it has been determined, by information gathered during the evaluation process, that three factors are true: 1) the adult is disabled; 2) the adult has been abused, neglected or exploited; and 3) there is no one willing, able and responsible to protect the adult, resulting in a need for protective services intervention.

There are times when the social worker may confirm a finding of mistreatment, but not substantiate the need for protective services because someone has intervened to provide the necessary protection. For example, an adult is found to be neglected by a family member with whom he lives and during the evaluation process another family member intervenes by moving the adult to another home where he is not neglected. The second family member has provided for the protection of the adult and the social worker would have a case decision of “unsubstantiated” for this situation. There would not be a time when the need for APS was substantiated without a confirmation of mistreatment.

The accompanying graph contrasts the number of disabled adults for whom mistreatment was confirmed with the number of disabled adults for whom the need for protective services was substantiated, by type of mistreatment.

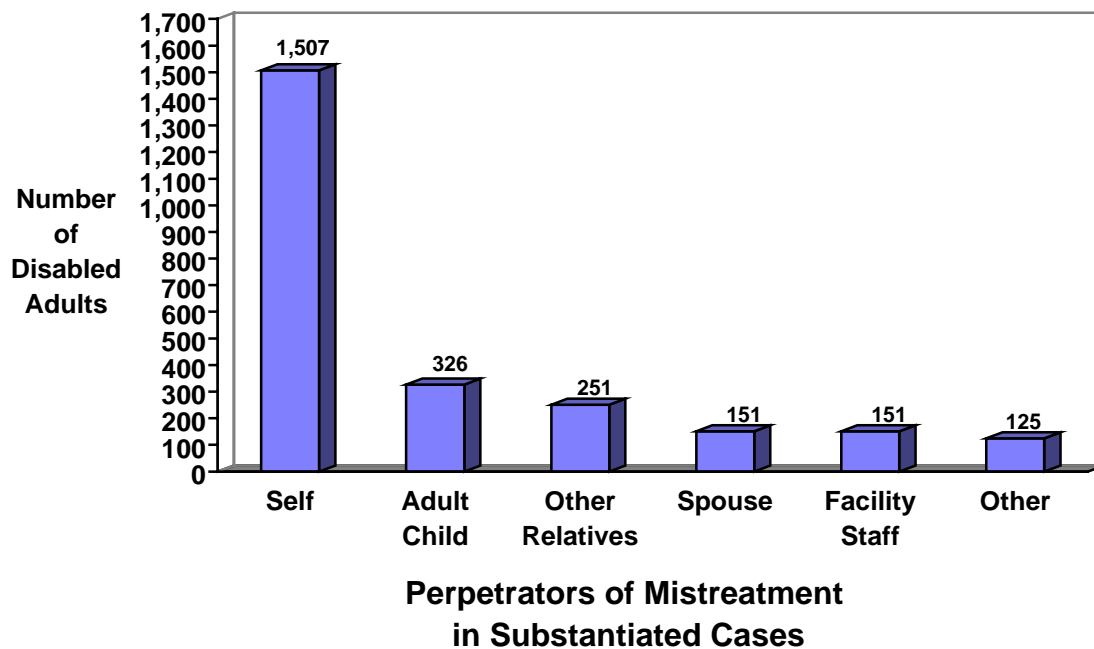


Mistreatment was confirmed for 3,291 (36%) of the 9,142 disabled adults who were reported as needing Adult Protective Services. The most frequently identified type of confirmed mistreatment was “self neglect”. This type of mistreatment was confirmed for 1,810 (55%) of the 3,291 disabled adults who were found to have been mistreated. This is in comparison to caretaker neglect which was confirmed for 856 (26%) of the disabled adults, exploitation which was confirmed for 362 (11%) of the disabled adults, and abuse which was confirmed for 263 (8%) of the disabled adults who were mistreated.

The need for protective services was substantiated for 2,103 (23%) of the 9,142 disabled adults. The type of mistreatment most frequently involved in these situations was self neglect, which accounted for 1,262 (60%) of the 2,103 substantiated cases. Caretaker neglect was involved in 505 (24%) of the substantiated cases, exploitation was involved in 189 (9%) of the substantiated cases, and another 147 (7%) of the substantiated cases involved abuse.

Using the case of Mrs. J, referred to earlier as an example of a report of self neglect, the social worker’s assessment confirmed self neglect and the need for protective services was substantiated. Mrs. J’s health had declined to the point that she was unable to arrange for essential services for herself and family members were unable to make the trip and assume responsibility for arranging for essential services for her. In this situation, the APS social worker worked closely with Mrs. J, her church community, and other professionals to develop a plan to meet Mrs. J’s needs so she could remain in her home.

Data in the Adult Protective Services Register (APS-R) identified a variety of perpetrators of mistreatment. Information was collected in ten categories that indicated the relationship of the perpetrator to the victim.



The disabled adult was responsible for mistreatment, in the form of self neglect, in 1,283 (61%) of the 2,103 substantiated cases. In the remaining 820 instances the adult child of the victim was identified 11% (231) of the time, and a spouse was identified 6% (126) of the time. Facility staff were also identified 6% (126) of the time. Other relatives of the disabled adult were identified as the perpetrator in 5% (105) of the cases. Non-relative caretakers and other individuals were identified as perpetrators in the remaining 11% (232) of the cases.

While a direct or casual relationship between the occurrence of mistreatment and factors such as a disabled adult's condition or a perpetrator's circumstances has never been established, factors that are believed to contribute to the mistreatment of elderly and disabled adults are commonly recognized. Examples of these are lack of support for the caregiver, a family history of domestic violence, or a substance abuse problem.

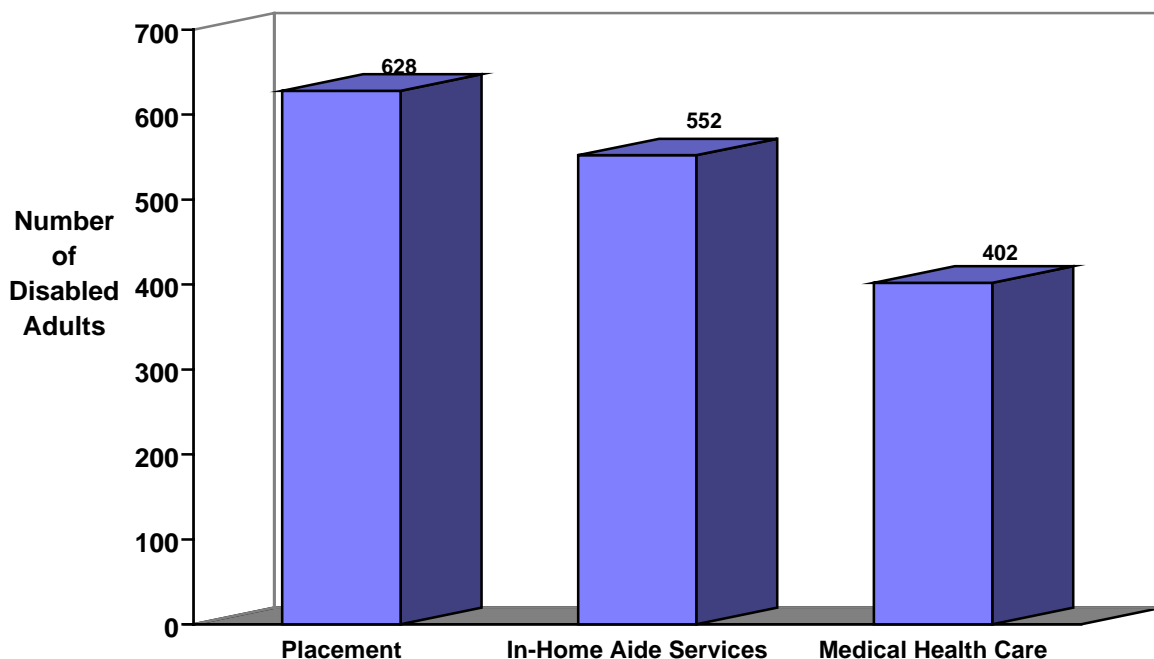
In North Carolina, information on contributing factors is collected through the APS-R for both the victim and the perpetrator. Fourteen possible categories of contributing factors are listed on the APS-R data entry form and the social worker may enter up to three (3) factors for the victim and three (3) for the perpetrator. Examples of these are history of family violence, substance abuse, inadequate income, unsafe environment, or inadequate health care. Social workers identified two of these fourteen factors, mental/emotional impairment and physical impairment, as contributing factors for the victim in 1,661 (79%) of all substantiated cases.

The five factors most frequently identified by social workers as contributing factors for the perpetrator were: inadequate knowledge of health care needs of the disabled adult, substance abuse, mental/emotional impairment, inadequate

income/fiscal management, and lack of support for the caregiver. These five factors were identified in 463 (22%) of the substantiated cases.

Separate data is collected in the APS-R regarding facility staff as perpetrators. Four possible categories of contributing factors are listed on the APS-R data entry form for situations where mistreatment is attributed to facility staff. These categories are Inadequate Supervision/Management, Inadequate Knowledge/Training of Care Needs, Insufficient Staffing, and Other Factors Relating To Facility Staff. The factor most frequently identified by social workers as contributing to mistreatment of disabled adults in all types of facilities was "Inadequate Knowledge/Training of Care Needs".

Information on the types of services needed by disabled adults when the need for APS is substantiated was collected in twelve specific service areas. Three services were identified most frequently as needed to provide protection and comprised 63% of the total needs identified. These three were: placement for 628 (25%) disabled adults, in-home aide services for 552 (22%) disabled adults, and medical health care for 402 (16%) disabled adults.



Type of Services Needed to Provide Protection in Substantiated Cases

All of the services that may be needed to alleviate mistreatment are not always available in every community. Data is collected in the APS-R regarding the need for and lack of available services. For example, there were 40 instances

when specific services were identified as needed but there was a waiting list for the service. In another 43 cases, the service needed to protect the disabled adult did not exist in the county where the adult lived. The availability of these services is integral to a community's ability to allow elderly and disabled adults to remain safely at home. When these services are not available, social workers anecdotally report that this sometimes results in disabled adults receiving more restrictive and more costly forms of protection.

The final chart included in this section, "Demographics and Outcomes in Adult Protective Services Cases", summarizes some of the major points which have been made throughout this report.

CONCLUSION

Adult Protective Services is a multifaceted service which is based on the awareness of the vulnerability of disabled adults to abuse, neglect and exploitation and the willingness of the community to acknowledge and address it. The provision of the service is based in the state's general statutes and includes mandatory reporting to the county department of social services; an evaluation of the adult's needs; and intervention in situations in which an abused, neglected, or exploited disabled adult is found to be in need of protective services.

The protection of disabled adults is a shared community responsibility. The disabled adults reported for Adult Protective Services are often experiencing multiple and complex problems requiring the attention and assistance of the community and the expertise of professionals in a variety of disciplines and settings. It is essential that community agencies such as mental health, health departments, home health agencies and hospitals work together with county departments of social services to protect and strengthen the well-being of these adults. While county departments of social services have the leadership role for promoting community cooperation because of their legal mandate to receive and evaluate Adult Protective Services reports, these agencies do not have all of the services or resources needed by disabled adults to provide adequately for their protection. Multi-disciplinary and multi-agency cooperation, including both public and private service providers, as well as disabled adults' family members, friends and other informal caregivers available in the community are elements of a community's successful effort to meet the needs of this vulnerable population.

The information available in the APS-R provides staff of county departments of social services, as well as the Division of Social Services, other service providers and all individuals concerned with the well being of vulnerable disabled adults, with a baseline of information regarding adults needing protective services in North Carolina. The data can be used by county departments of social services in collaboration with other local agencies as a planning and education tool for the community. Division of Social Services staff will utilize the data for regional and statewide training and for long range planning; including the development of needed resources, and for successful interventions to both prevent and remediate the mistreatment of elderly and disabled adults in North Carolina.

DEMOGRAPHICS AND OUTCOMES IN ADULT PROTECTIVE SERVICES CASES

WHO ARE THE ADULTS AND THEIR FAMILIES?	WHAT IS HAPPENING TO THEM?	WHAT DO THESE ADULTS AND THEIR FAMILIES NEED?
<ul style="list-style-type: none"> • In FY 99/2000, 10,042 individuals received Adult Protective Services. • Women comprised 64% of the total cases; and men comprised 36%. • The majority of those receiving Adult Protective Services were elderly. 72% were 60 years of age or older. • 61% of persons reported were White, 33% were Black, 4% were Hispanic and 2% were American Indian. • Most of the adults reported were living in our communities. 75% lived alone or with family members, while 19% lived in a facility or institution. 	<ul style="list-style-type: none"> • Abuse, neglect or exploitation was found in 39% of the cases. • The most common form of mistreatment found was neglect. 54% of the situations involved self neglect and 27% involved caretaker neglect. • In 8% of the cases abuse was found and 11% of the cases involved exploitation. • When mistreatment was found, the most frequently named perpetrator was an adult child, followed by other relatives, a spouse, and facility staff. 	<ul style="list-style-type: none"> • Factors which may have contributed to mistreatment of adults living at home were: <ul style="list-style-type: none"> --Inadequate knowledge of the health care needs of the disabled adult, --Lack of caregiver support, --Mental/emotional impairment of caregiver, --Substance abuse problems, --Inadequate income/fiscal management. • The primary factor identified as contributing to mistreatment in facilities was Inadequate Supervision/Management. • The most frequently identified services needed to address the problems of abuse, neglect and exploitation were: <ul style="list-style-type: none"> --Placement, --In-home aide services, --Medical or health care.

Source: North Carolina Department of Health and Human Services, Division of Social Services, Adult Protective Register, FY 99-2000.